

Nebraska Department of Agriculture
Bureau of Animal Industry
 Avian Influenza Lab Submission Form

Collector: _____
 Address: _____
 City/state/zip: _____
 Phone: _____ Fax: _____
 Signature: _____

Fee Basis (circle): Yes No
 Sample collected: Blood ☐ Swab ☐ Tissue ☐
 Sample reason: Surveillance ☐ Exposed ☐ Diagnostic ☐

Total Samples Submitted: _____

Premises name: _____
 Flock name: _____
 Owner name: _____
 Address: _____
 City/state/zip: _____

Flock Type
 Commercial ☐ Exhibit/Sale ☐ Backyard ☐
 Gamebird ☐ Slaughter ☐

Flock Size: _____

Tube	Identification	No. Sampled	Tube	Identification	No. Sampled
1.			16.		
2.			17.		
3.			18.		
4.			19.		
5.			20.		
6.			21.		
7.			22.		
8.			23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		

Instructions:

1. Max. 5 cloacal samples per BHI tube
2. Keep BHI broth refrigerated at all times
3. Limit excessive fecal contamination in tube
4. Return unused tubes/swabs with samples to VDC

Ship samples with ice packs to:

UNL-Veterinary Diagnostic Center
 P.O. Box 82646
 Lincoln, NE 68501-2646

White copy: Send with samples to VDC Lab

Yellow copy: BAI Office, P.O. Box 94787, Lincoln, NE 68509-4787

Pink copy: Veterinarian/Collector